County: Barron HERITAGE MANOR

19 WEST NEWTON, P. O. BOX 311			
RICE LAKE 54868 Phone: (715) 234-2161		Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	97	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	97	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	92	Average Daily Census:	93

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	25. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	53. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 1	Under 65	3.3	More Than 4 Years	21. 7
Day Services	No	Mental Illness (Org./Psy)	41. 3	65 - 74	7. 6		
Respite Care	No	Mental Illness (Other)	3. 3	75 - 84	27. 2		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	52. 2	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1. 1	95 & 0ver	9. 8	Full-Time Equivalent	
Congregate Meals	No	Cancer	4. 3	ĺ	Í	Nursing Staff per 100 Res	
Home Delivered Meals	No	Fractures	4. 3	İ	100.0	$(12/3\hat{1}/01)$	
Other Meals	No	Cardi ovascul ar	7. 6	65 & 0ver	96. 7		
Transportati on	No	Cerebrovascul ar	12. 0	[']		RNs	10. 8
Referral Service	No	Di abetes	2. 2	Sex	% j	LPNs	5. 3
Other Services	No	Respi ratory	1. 1		Ì	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	21.7	Male	19. 6	Ai des, & Orderlies	45. 9
Mentally Ill	No			Femal e	80. 4		
Provi de Day Programming for			100. 0	İ	j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0. 0	0	1	1. 6	105	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	1	1. 1
Skilled Care	4	100.0	272	54	84. 4	89	1	100. 0	272	22	95. 7	104	0	0.0	0	0	0.0	0	81	88. 0
Intermedi ate				9	14. 1	73	0	0.0	0	1	4. 3	104	0	0.0	0	0	0.0	0	10	10. 9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		64	100.0		1	100. 0		23	100.0		0	0.0		0	0.0		92	100. 0

HERITAGE MANOR

Developmentally Disabled Residents

General Medical Service Residents

Mentally Ill Residents

Psychological Problems

Nursing Care Required (Mean)

Impaired ADL (Mean)

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ions, Services	and Activities as of 12	/31/01
Deaths During Reporting Period	'				· 		
	1'		Total				
Percent Admissions from		Activities of	%		% Needing sistance of	% Totally	Number of
Private Home/No Home Health	5. 3	Daily Living (ADL)	Independent		Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	1.8	Bathi ng	0. 0	one	89. 1	10. 9	92
		į					
Other Nursing Homes	5. 3	Dressing	7. 6		81. 5	10. 9	92
Acute Care Hospitals	40 . 7	Transferring	18. 5		71. 7	9. 8	92
Psych. HospMR/DD Facilities	0.0	Toilet Use	17. 4		72.8	9. 8	92
Rehabilitation Hospitals	1. 8	Eating	76 . 1		16. 3	7. 6	92
Other Locations	45. 1	*************	******	*****	******	*********	******
Total Number of Admissions	113	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	5.4	Receiving I	Respiratory Care	6. 5
Private Home/No Home Health	7.0	Occ/Freq. Incontinent	of Bladder	53. 3		Tracheostomy Care	1. 1
Private Home/With Home Health	10. 4	Occ/Freq. Incontinent	of Bowel	28. 3	Receiving S	Sucti oni ng	0. 0
Other Nursing Homes	2.6	į			Recei vi ng (Ostomy Care	0. 0
Acute Care Hospitals	50. 4	Mobility			Recei vi ng	Tube Feedi ng	0. 0
Psych. HospMR/DD Facilities	2.6	Physically Restrained	ł	13. 0		Mechanically Altered Diet	s 35.9
Rehabilitation Hospitals	0. 9						
Other Locations	0. 0	Skin Care			Other Residen	nt Characteristics	
Deaths	26. 1	With Pressure Sores		5. 4		ce Directives	41. 3
	۵U. I			1. 1		e priectives	41. J
Total Number of Discharges	115	With Rashes		1. 1	Medi cati ons		F1 1
(Including Deaths)	115				kecei vi ng I	Psychoactive Drugs	51. 1

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

********************************** Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Propri etary Peer Group Facility Peer Group Peer Group Facilities % Ratio % Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 95.9 82. 5 1. 16 86. 4 1.11 85.8 1. 12 84. 6 1. 13 Current Residents from In-County 87.0 74.3 1. 17 69.6 1. 25 69. 4 1. 25 77. 0 1. 13 Admissions from In-County, Still Residing 18.6 19.8 0.94 19. 9 0.93 23. 1 0.80 20.8 0.89 Admissions/Average Daily Census 121.5 148. 2 0.82 133. 4 0.91 105. 6 1. 15 128. 9 0.94 Discharges/Average Daily Census 123.7 146.6 0.84 132. 0 0.94 105.9 130.0 0.95 1. 17 Discharges To Private Residence/Average Daily Census 21.5 58. 2 0.37 49.7 0.43 38. 5 0.56 52.8 0.41 Residents Receiving Skilled Care 89. 1 92.6 0.96 90.0 0.99 89.9 0.99 85.3 1.05 Residents Aged 65 and Older 96. 7 95. 1 1.02 94. 7 1.02 93. 3 1.04 87. 5 1. 11 Title 19 (Medicaid) Funded Residents 69.6 66. 0 1.05 68.8 1.01 69.9 0.99 68. 7 1.01 Private Pay Funded Residents 25.0 22. 2 1.06 22. 2 22.0 1. 13 23. 6 1. 13 1. 14

0.8

31.4

23.8

46. 9

47. 2

6. 7

1.45

1.42

0.91

0.92

1.08

0.94

1.0

36. 3

21. 1

47. 1

49. 5

6. 7

1.05

1. 23

1.03

1.03

0.92

0. 93

0.8

38. 5

21. 2

46. 4

52.6

7.4

1.45

1. 16

1.02

0.93

0.97

0.84

7. 6

19. 4

49.3

51. 9

7. 3

33. 8 1. 32

0.14

1. 12

0.88

0.98

0.85

1. 1

44.6

21.7

43.3

51. 1

6.3